INSTRUCTIONS FOR NOTARY PUBLIC APPLICATION

TYPE OR PRINT IN BLUE OR BLACK INK. Read all instructions and information carefully. Questions regarding this application should be directed to the Notary Public Section at (916) 653-6455. Only your official signature should be written, all other information should be typed or printed legibly. All questions must be answered completely. You are required to complete all applicable items before you will be issued a commission. Obtain any information necessary to complete the application before you arrive at the examination site. This information is provided by you under penalty of perjury and any misstatements or omissions of material facts will result in the denial or revocation of a notary public appointment and possible criminal liability. All statements contained in the application or attachments are subject to investigation.

- 1. Enter the month, day and year of your birth.
- 2. Enter your social security number. You must provide your social security number pursuant to Family Code Section 17520.
- 3. Enter your driver's license number or, if you do not have a driver's license, enter your California identification number.
- 4. Print your full legal name first, middle, last, and suffix (Sr., Jr., III, etc.), if applicable. Your name entered <u>must</u> be your legal first, middle and last name. You may <u>not</u> alter your last name in any way. It will be used for identification purposes and must match your picture identification used for entry to the examination. If you do not have a middle name, enter "NMN" in the appropriate space. If your first or middle name consists of an initial only, enter "Initial Only" following the initial.
- 5. Enter the name of your principal place of business or, if you work out of your residence, enter "self employed." Enter your specific occupation (such a real estate agent, secretary, loan processor, etc.).
- 6. Enter your business telephone number including the area code.
- 7. Enter the address of your principal place of business where you will perform 50% or more of your notary duties. This address may be your residence address or the address of your place of employment. <u>Do not</u> enter a PO Box number. If your principal place of business has no street and number address, enter the nearest intersection or street, highway or road name or number, or a rural free delivery route and box number. **Please note, this address is considered public information and will be given out to the public upon request.**
- 8. Enter the name of the county where your principal place of business is located to ensure your commission is issued for the correct county.
- 9. Enter the address where you would like to receive notary information if different from Item 7. NOTARY PUBLIC COMMISSIONS WILL BE MAILED TO THIS ADDRESS IF DIFFERENT FROM ITEM 7. If the mailing address is a PO Box, enter that address. Please note, this address is considered public information and will be given out to the public upon request.
- 10. Enter your home address. Do not enter a PO Box number. If your home address has no street and number address, enter the nearest intersection or street, highway or road name or number, or a rural free delivery route and box number.
- 11. If you are not a U.S. citizen, enter your Alien Registration Number in the space provided. This number usually begins with the letter "A." A work permit, visa, investor's visa, etc. does not meet this requirement.
- 12. Enter any other name(s) e.g., maiden name, prior married name, name used prior to U.S. citizenship, etc.
- 13-14. If yes, you must provide the information in Item 16. Your application will be rejected if you do not provide the information.
- 15. If yes, you <u>must</u> provide the information in Item 16. Your application will be rejected if you fail to provide the information in Item 16. In addition, be sure to include the date you were released from probation, parole, or incarceration. You may omit traffic infractions and juvenile offenses. DUIs are not considered traffic infractions and must be disclosed.

NOTE: ALL CONVICTIONS MUST BE DISCLOSED, INCLUDING THOSE CONVICTIONS DISMISSED UNDER PENAL CODE SECTION 1203.4 OR 1203.4a.

- 17. If you currently hold a commission, or have held a prior commission, enter the name exactly as shown on your most recent commission, the commission number of your most recent commission, and the expiration date of your most recent commission.
- 18. Type or print your name <u>exactly</u> as you want it on your commission. Titles or quotes are not acceptable; however, the name listed may include initials. Note: You may be required to present identification to the County Clerk when you file your oath and bond. If so, the identification must substantially match the requested official notary public name.
- 19. This application is signed under penalty of perjury. Enter the state, county and city (or unincorporated area) where the application was signed and enter the date it was signed. This official signature must be used by you in signing ALL notarized documents.

PRIVACY NOTIFICATION

Civil Code Section 1798 et seq. requires each state agency to provide this notice to individuals completing this application. Application information and fingerprints are requested as authorized by Gov. Code Sec. 8201.1. The principal purposes for this information are: 1. to determine the fitness of persons to serve in the capacity of notary public; 2. to determine if any disqualifying crimes have been committed by applicants; and 3. to enable the Secretary of State to carry out the duties required by law. Information on this form filed by the applicant with the Secretary of State, except for the name and address, is confidential and no individual record shall be divulged by an employee having access to it to any person other than the applicant, his/her authorized representative, or an employee or officer of the federal government, the state government, or a local agency, as defined in Gov. Code Sec. 6252(b), acting in his/her official capacity.

Name and Address of Requesting Agency:

Secretary of State's Office Notary Public Section PO Box 942877 Sacramento, California 94277-0001 Telephone (916) 653-3595

SOS/NP-30 (Rev.07/2000) 98 37413



STATE OF CALIFORNIA SECRETARY OF STATE

NOTARY PUBLIC APPLICATION

IMPORTANT – Read instructions on back before completing this application - TYPE OR PRINT IN INK

This application is presented for filing pursuant to Government Code Section 8201.5

Date of Birth (month/day/year)	2. Social Security Number	3. Driver's License or CA	ID Appl ID (Appl ID (For Filing Officer's Use O	
4. Applicant's Legal Name (first)	ile)	(last)			
Business Name and Address where	you will perform 50% or more of	vour notarial duties (County m	ust be included):		
5. Name of Principal Place of Business		<u> </u>		elephone Number	
7. Business Location Address (Do not list a PO Box)		City	Zip Code	8. County	
Mailing Address (Where you want notary information mailed)		City		Zip Code	
10. Residence Address (Number, street, apartment no No PO Box)		City		Zip Code	
Please check Yes or No for questions	11 to 15:				Yes No
11. Are you a U.S. Citizen? If your answer is "No," provide Alien Registration Number:					
12. Have you ever used another name? If Yes, list name(s) with explanation. (e.g., maiden name)					Yes No
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violation of state regulatory law? If Yes, please give details in Item 16.					Yes No
14. Have you at any time had a professional license or notary commission denied, revoked, restricted or suspended? Have you ever had to resign a license or commission under unfavorable circumstances? If Yes to either question, indicate in Item 16 the type of license, the name under which it was issued, the date and reason of the revocation, denial, suspension, restriction, or resignation, and the name and address of the licensing agency. (Do NOT include driver's license.)					Yes No
name of court and court case number, the code section of the violation and/or a brief description of the offense, and the sentence imposed. Also, include the date you were released from probation, parole, or incarceration. DUIs must be disclosed. (See instructions on reverse side.) If convicted under another name, list other name in Item 12 above. *ALL CONVICTIONS MUST BE DISCLOSED INCLUDING CONVICTIONS DISMISSED UNDER SECTIONS 1203.4 OR 1203.4a PENAL CODE 16. ADDITIONAL INFORMATION: (IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET OF PAPER 8 ½ X 11 INCHES IN SIZE.)					
47 FOR REPOONS PREVIOUSLY HOL	DINO CALIFORNIA NOTARY BUR	LIO COMMICOLONIO			
17. FOR PERSONS PREVIOUSLY HOL (Print name exactly as shown on pre		nission No., if known)	(Expiration date)		
18. Print your name exactly as you want it shown on your commission. Note: You may be required to present identification to the County Clerk when you file your oath and bond. If so, the identification must substantially match the requested official notary public name shown below. (first) (middle) (last)					
19. By signing this application, I certify that I am a legal resident of California; I can read, write and understand English; and I have sufficient vision to read printed matter.					
I certify under PENALTY OF PERJURY , under the laws of the State of California that the statements made in this application, including attachments thereto, if any, are true and complete. I further certify that I have read the instructions which are part of this application. I agree and understand that any misstatements or omissions of material facts will result in the denial or revocation of my notary public appointment.					For Filing Officers Use Only
I ALSO CERTIFY MY UNDERSTANDING THAT PERJURY IS A CRIMINAL ACT PUNISHABLE BY UP TO FOUR YEARS IMPRISONMENT IN THE STATE PRISON (PENAL CODE SECTION 118) AND THAT I MAY BE SUBJECT TO CRIMINAL PROSECUTION IF I COMMIT PERJURY ON THIS DOCUMENT.) Officers
Executed in the State of	, County of	, City	of		Č
Offic on Sign	cial nature:		(or armicorpore	,	se Only
Date (This signature must be used by you in signing ALL notarized documents.)					